

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	<i>AB</i>		<i>12-03-01</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>10</i>	<i>12-14-01</i>
FORMALITY REVIEW	<i>TA</i>	<i>1113</i>	<i>12-18-01</i>
RESPONSE FORMALITY REVIEW	<i>gph</i>	<i>1030</i>	<i>322-N</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	<i>6 5 02</i>
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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Best Available Copy

*S- # 876*  
*12/19/01*